AMD-24 (12/06)					
ISSUING OFFICE: DEPARTMENT OF THE INTERIOR AVIATION MANAGEMENT (check applicable box)		CONTRACT INSTRUCTION			
		CONTRACT NO.		ITEI	M
HEADQUARTERS 300 E. Mallard Dr, Ste 200 Boise, ID 83706-3991 Fax 208-433-5030	ALASKA REGIONAL OFFICE 4405 Lear Court Anchorage, AK 99502-1032 Fax 907-270-4788 or 6080	DESIGNATED BASE		•	
		BUREAU			
		DATE			
2 CONTRACTOR NAME AND ADDRESS		3 BUREAU NAME AND ADDRESS (Complete if certifying availability of funding)			
TELEPHONE NO.		FUNDS ARE AVAILABLE I	FOR THIS USE	- CHECK BOX	
FACSIMILE NO.		TELEPHONE NO. SIGNATURE OF			
Other Special Notices or	- La - (a) - (C) - (a) -	AUTHORIZED PERSON			
If there are any matters you wish to discuss Please contact me at telephone number: Typed Nam		ne and Signature of Autho	orized Governn	nent Representative	Date
Title					
6. CONTR		RACTOR'S ACKNOWI	EDGEMENT		•
Name (Type or Print)		Signature			
Title		Date	Date		
Contractor should	d FAX a copy of the signed	notice to Aviation Mana	gement, unles	s otherwise instru	cted by the COR.